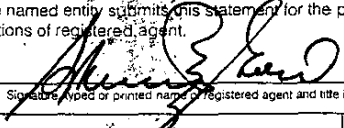
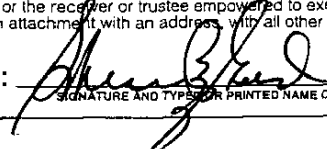
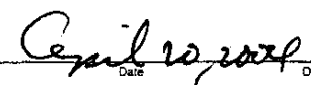


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90025 023 ***150.00

DOCUMENT # S03694 1. Entity Name SOUTHERN GARDENS CITRUS HOLDING CORPORATION					
Principal Place of Business 111 PONCE DE LEON AVE. CLEWISTON, FL 33440		Mailing Address 111 PONCE DE LEON AVE. CLEWISTON, FL 33440			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0316457	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COFFMAN, STEPHEN V 111 PONCE DE LEON AVE. CLEWISTON, FL 33440				Name STEVEN B. GOLD Street Address (P.O. Box Number is Not Acceptable) 111 PONCE DE LEON AVENUE City CLEWISTON FL Zip Code 33440	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE   DATE <u>April 20, 2004</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEFEN, LISA J 111 PONCE DE LEON AVE. CLEWISTON, FL 33440	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLD, STEVEN B. 111 PONCE DE LEON AVENUE CLEWISTON, FL 33440	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUKER, ROBERT H., JR. 111 PONCE DE LEON AVENUE CLEWISTON, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIDDLE, RODNEY T. 111 PONCE DE LEON AVENUE CLEWISTON, FL 33440	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WADE, JR M 111 PONCE DE LEON AVE CLEWISTON, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNARD, GERARD A. 111 PONCE DE LEON AVENUE CLEWISTON, FL 33440	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS COFFMAN, STEPHEN V 111 PONCE DE LEON AVE CLEWISTON, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAST WINE, ELLEN H 111 PONCE DE LEON AVE CLEWISTON, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:   DATE <u>April 20, 2004</u> Daytime Phone # _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					